



# MEDI-CAL UPDATE

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Pharmacy Bulletin 649

February 2007

## Contents

Medi-Cal List of Contract Drugs .....	1
Change in Coverage of Over-the-Counter Insulin (Human).....	3
Change in Coverage of Quinine Products.....	3
Suspended Drugs Reinstated to Contract Drugs List .....	4
Change To Quantity Limit for Disposable Gloves .....	4
Urological Supplies Effective Date Correction .....	4
Diabetic Test Strip Contracting Changes .....	5
Medical Supply Manufacturer Code Reassignment.....	6
Authorized Drug Manufacturer Labeler Codes Update.....	6
Lipotropics and Liver Function/Cholesterol Testing in the Medi-Cal Fee-For-Service Population .....	6

## Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs*.

### Changes, effective March 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
INSULIN		
(A separately payable benefit for recipients in nursing facilities, including subacute patients.)		
Injection		
Lente, NPH, Protamine Zinc, Semilente, Ultralente		
	40 Units/cc 10 cc	cc
	80 Units/cc 10 cc	cc
	100 Units/cc 10 cc	cc
Lente, NPH, Protamine Zinc (purified pork)	100 Units/cc 10 cc	cc
Regular	40 Units/cc 10 cc	cc
	80 Units/cc 10 cc	cc
	100 Units/cc 10 cc	cc
Regular (purified pork)	100 Units/cc 10 cc	cc
Globin	40 Units/cc 10 cc	cc
	80 Units/cc 10 cc	cc
	100 Units/cc 10 cc	cc
<b>Others – specify name and strength</b>		<b>cc</b>

Please see **Contract Drugs**, page 3

## EDS/MEDI-CAL HOTLINES

Border Providers .....(916) 636-1200  
CDHS Medi-Cal Fraud Hotline .....1-800-822-6222  
Telephone Service Center (TSC) .....1-800-541-5555  
Provider Telecommunications Network (PTN).....1-800-786-4346

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*For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.*



*Opt Out* is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt out” of receiving this same information on paper, through standard mail. To download the Opt Out enrollment form or for more information, go to the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), and click the “Learn how...” link under **OPT OUT** on the right side of the home page.

## Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD

**IS AGAINST THE**

LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.

**CDHS MEDI-CAL FRAUD HOTLINE**  
1-800-822-6222

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

**Contract Drugs** (*continued*)**Changes, effective March 1, 2007 (continued)**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
<b>INSULIN (HUMAN)</b>		
(A separately payable benefit for recipients in nursing facilities, including subacute patients.)		
Injection		
Regular	100 Units/cc 10 cc	cc
Lente	100 Units/cc 10 cc	cc
NPH	100 Units/cc 10 cc	cc
NPH 50% and Regular 50%	100 Units/cc 10 cc	cc
NPH 70% and Regular 30%	100 Units/cc 10 cc	cc
Ultralente	100 Units/cc 10 cc	cc
<b>Others – specify name and strength</b>		<b>cc</b>

**Changes, effective May 1, 2007**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
<b>* QUININE</b>		
Capsules or tablets		
	200 mg	ea
	325 mg	ea
<b>* <u>Restricted to claims submitted with dates of service prior to May 1, 2007.</u></b>		
<b>* QUININE SULFATE</b>		
Tablets or capsules		
		ea
<b>* <u>Restricted to claims submitted with dates of service prior to May 1, 2007.</u></b>		

These updates are reflected on manual replacement pages drugs cdl p1c 31 (Part 2) and drugs cdl p2 7 and 10 (Part 2).

### Change in Coverage of Over-the-Counter Insulin (Human)

The Medi-Cal drug program has discovered an error in the listing of over-the-counter insulin and human insulin that has caused confusion for Pharmacy providers. The listing of “Others – specify name and strength” was inadvertently maintained in the manual. Insulin coverage without prior authorization is only for the specific package sizes listed. However, because of this confusion, Medi-Cal will provide continuing coverage for those recipients who have received a prescription for an unlisted package size (for example, a pen or cartridge) within the last 100 days, and will continue to allow payment without prior authorization as long as the recipient obtains a refill of their insulin within 100 days of their last refill.

### Change in Coverage of Quinine Products

Medi-Cal is requiring prior authorization for Quinine-containing products, pursuant to the federal Food and Drug Administration (FDA) order to manufacturers to cease manufacturing unapproved products containing quinine, including quinine sulfate and any other salt of quinine, on or after February 13, 2007. The FDA has also ordered manufacturers to cease shipping such products interstate on or after June 13, 2007. After these dates, only FDA approved quinine products may be manufactured and shipped interstate. This action is described in the Federal Register of December 15, 2006, [71 FR 75557].

The FDA action does not affect quinine drug products marketed with FDA approval. The FDA has approved one quinine drug product as a prescription drug solely for the treatment of uncomplicated malaria caused by the parasite *Plasmodium falciparum*. It contains quinine sulfate as the active ingredient without any additional active ingredients in 324 mg capsules and is sold under the trade name Qualaquin (quinine sulfate). This product is available through prior authorization.

### Suspended Drugs Reinstated to Contract Drugs List

In June 2005, the suspended drugs and/or certain administrations of said drugs were correctly stricken in the *Drugs: Contract Drugs List Part 1 – Prescription Drugs* section of the Pharmacy manual. However, as these pages were updated each month, these specific drugs and/or administrations were inadvertently deleted from the manual section, but instead should have remained stricken.

The following drugs, or administrations, if specified, have been placed back into the appropriate manual section and will remain suspended until further notice.

CETIRIZINE HCL	LORATADINE
CICLOPIROX, 0.77% lotion	METHYLERGONOVINE MALEATE, ampule
CIPROFLOXACIN HCL	NEFAZODONE HCL
CITALOPRAM HBR	OLMESARTAN MEDOXOMIL, 5 mg tablets
DESLORATADINE	OMEPRazole
ESTROGENS, A, SYNTHETIC CONJUGATED	OMEPRazole MAGNESIUM
FENTANYL CITRATE	PANTOPRAZOLE SODIUM
FEXOFENADINE HCL	QUINAPRIL HCL
GATIFLOXACIN	RABEPRazole SODIUM
KETOTIFEN FUMARATE	ROFECOXIB
LEVONORGESTREL, ETHINYL ESTRADIOL, AND PREGNANCY TEST	TOLTERODINE TARTRATE, tablets
LINEZOLID	UNOPROSTONE ISOPROPYL

*This information is reflected on manual replacement pages drugs cdl p1a 24, 27, 29, 30, 36 and 38 (Part 2), drugs cdl p1b 6, 11, 18, 35, 38, 40 thru 42 and 49 (Part 2), drugs cdl p1c 6, 11, 14, 32, 33 and 36 (Part 2) and drugs cdl p1d 15 and 19 (Part 2).*

### Change To Quantity Limit for Disposable Gloves

Effective for dates of service on or after March 1, 2007, the total allowable amount of disposable gloves has increased from 100 to 200. The total amount may be written on one prescription, and may be billed using one claim.

*This information is reflected on manual replacement page mc sup lst1 25 (Part 2).*

### Urological Supplies Effective Date Correction

The effective date for the following medical supply product code is January 1, 2006 instead of January 1, 2007, as previously reported in the *Medi-Cal Update Pharmacy Bulletin* 643.

<u>Description</u>	<u>Billing Code</u>	<u>Bill Quantity in Total Number of</u>
Tubes, Clamps and Connectors	9999C	each

*This update is reflected on manual replacement page mc sup lst4 26 (Part 2).*

### Diabetic Test Strip Contracting Changes

Assembly Bill 2132 directed the California Department of Health Services (CDHS) to enter into demonstration contracts with manufacturers of medical supplies for four items of its own selection from the existing list of medical supplies. Effective April 1, 2007, these items must be billed by Pharmacy providers using an 11-digit Universal Product Number (UPN) for the purpose of establishing rebates or other cost-saving mechanisms.

Per this legislation, CDHS has entered into contracts with manufacturers of diabetic medical supplies in order to demonstrate cost savings in the purchase of these medical supplies. Any item not included in the list of contracted diabetic supplies will not be a benefit of the Medi-Cal program, and therefore will not be granted prior authorization or a *Treatment Authorization Request* (TAR). California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) authorization must match the exact UPN that is granted under authorization for payment.

#### Additions to Medical Supplies List

Effective January 1, 2007, the following products have been added to the *Medical Supplies List* section:

<u>Description</u>	<u>Billing Code</u>	<u>Bill Quantity In Total Number of</u>
Unistik 3, single use device, yellow, 1.8 MM, 21G (100)	08470100201	Lancet
Unistik 3, single use device, yellow, 1.8 MM, 23G (200)	08470100401	Lancet
Unistik 3, single use device, yellow, 1.8 MM, 21G (50)	08470100701	Lancet
Unistik 3, single use device, orange, 2.0 MM, 21G (100)	08470101201	Lancet
Unistik 3, single use device, orange, 2.0 MM, 21G (200)	08470101401	Lancet
Unistik 3, single use device, lavender, 1.8 MM, 26G (100)	08470104201	Lancet
Unistik 3, single use device, purple, 1.8 MM, 28G (200)	08470104401	Lancet
Unistik 3, single use device, lavender, 1.8 MM, 26G (50)	08470104701	Lancet
Unistik 3, single use device, burgundy, 1.8 MM, 18G (100)	08470106201	Lancet
Unistik 3, single use device, pink, 1.8 MM, 18G (200)	08470106401	Lancet
1st Choice Thin Lancets 23G (100)	08517015722	Lancet
1st Choice Ultra Thin Lancets 28G (200)	08517030722	Lancet
1st Choice Ultra Thin Lancets 28G (100)	08517035722	Lancet
1st Choice Super Thin Lancets 30G (100)	08517065722	Lancet
Duo-Care Test Strips (100)	08536011000	Strip
Duo-Care Test Strips (50)	08536011500	Strip

#### Deletions to Medical Supplies List

Effective April 1, 2007, the following products will be deleted from the *Medical Supplies List* section:

<u>Description</u>	<u>Billing Code</u>	<u>Bill Quantity In Total Number of</u>
MediSense Optium Test Strips (50)	57599913404	Strip
MediSense Optium Test Strips (100)	57599913505	Strip
BD Test Strips (50)	08290322053	Strip
BD Test Strips (100)	08290322054	Strip
New Tek Test Strips Kit (100)	08480450100	Kit
Chemstrip Micral Strips (30)	50924014630	Strip

*This information is reflected on manual replacement pages mc sup lst1 15 thru 17, 19 and 21 (Part 2).*

## Medical Supply Manufacturer Code Reassignment

Effective for dates of service on or after April 1, 2007, the Manufacturer Billing Code for Ballard Medical Products Corp. will be reassigned to the Kimberly-Clark Corporation.

<u>Manufacturer Billing Code</u>	<u>Former Manufacturer Name</u>	<u>New Manufacturer Name</u>
1M	Ballard Medical Products Corp.	Kimberly-Clark Corporation

The following medical supply product codes have been added for Manufacturer Billing Code 1M: 9930E, 9981E, 9981F, 9981H, 9981J and 9981K.

*This information is reflected on manual replacement pages mc sup man cd 2 and 5 (Part 2).*

## Authorized Drug Manufacturer Labeler Codes Update

The *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section has been updated as follows.

### Additions, effective January 1, 2007

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
10702	KVK-TECH, INC.
15210	OTN GENERICS, INC.
18860	AZUR PHARMA, INC.
68850	STAT-TRADE, INC.

### Terminations, effective January 1, 2007

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
00332	BIOCRAFT LABORATORIES, INC.
59417	LOTUS BIOCHEMICAL CORPORATION
65581	PROPST PHARMACEUTICALS, INC.

*These updates are reflected on manual replacement pages drugs cdl p5 4, 6, 7 11, 13 and 15 (Part 2).*

## Lipotropics and Liver Function/Cholesterol Testing in the Medi-Cal Fee-For-Service Population



### DRUG USE REVIEW Educational Information

High cholesterol is a major contributor to coronary heart disease (CHD). There are approximately 100 million people with high cholesterol (>200mg/dL) in the United States.<sup>1</sup> Heart disease is the leading cause of death in the United States. High cholesterol attributes to narrowing of the arteries and plaque formation in coronary arteries.<sup>2</sup> High cholesterol is a changeable risk factor in heart disease. Some instances of high cholesterol can be familial, but diet also contributes to a patient's total cholesterol count.

There are different types of medications used to help lower cholesterol levels in the body. These include HMG-CoA Reductase Inhibitors (statins), other anti-lipemic agents (non-statins) and combination therapy. In addition to pharmacologic treatment for high cholesterol, there are also therapeutic lifestyle changes (TLC) that are essential to assist in the lowering of cholesterol.<sup>3</sup>

*Please see **Lipotropics**, page 7*

**Lipotropics** (*continued*)

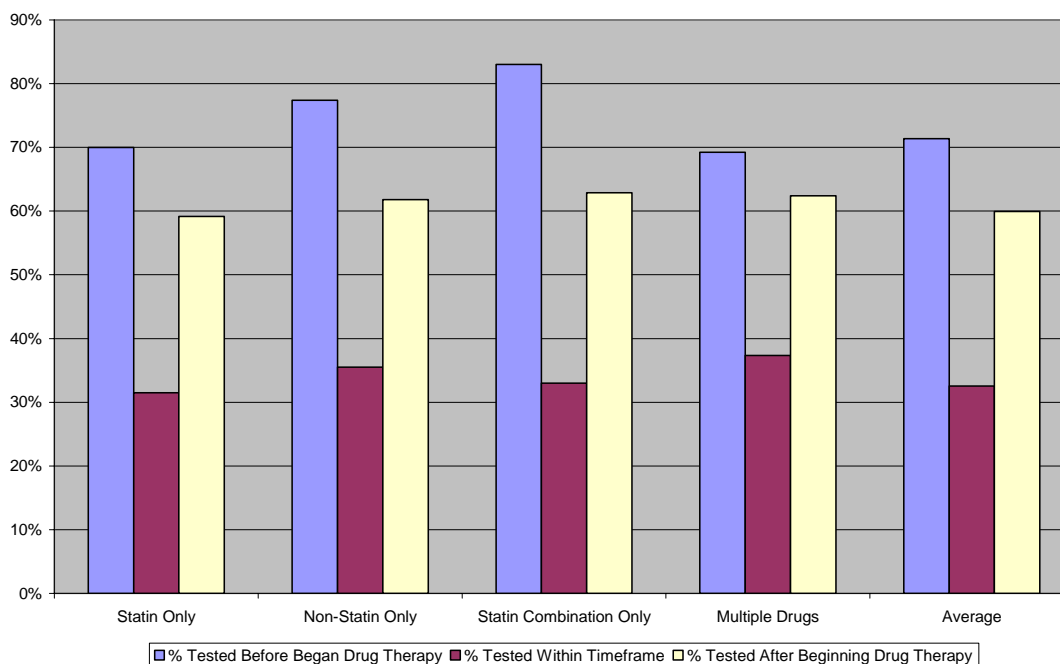
The Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III – ATP III) recommends that providers follow a progression of drug therapy and cholesterol evaluation schedule. They suggest the following:<sup>4</sup>

- Initiate LDL-lowering drug therapy and check cholesterol levels in six weeks.
- If the LDL goal is not realized, increase the dose of medication or add another type of cholesterol-lowering medication to the current regimen and recheck in six weeks.
- If the LDL goal is met, then continue the course of treatment including therapeutic changes and recheck every four to six months. If the goal is not met, then consider a referral to a specialist.

A retrospective study of Medi-Cal fee-for-service (FFS) recipients was conducted to determine if providers are following ATP III guidelines for cholesterol testing in patients starting cholesterol drug therapy. Since laboratory test results are not available to Medi-Cal to determine if lower cholesterol levels were achieved, the study focused on whether there was appropriate follow-up after patients began cholesterol drug treatments. Cholesterol testing included both cholesterol screening tests and liver function tests. Patients who were continuously eligible for 11 out of 12 months during the period of October 2005 through September 2006 and started cholesterol drug therapy between January through June 2006 were included in the study.

- 11,317 Medi-Cal recipients who met the continuous eligibility criteria had at least two claims for cholesterol medications during the study period, and had no claims for cholesterol medications in the last six months of 2005.
  - 60 percent had follow-up testing after starting drug therapy, though only 32.5 percent of the recipients had follow-up testing within the ATP III guidelines.
  - 71 percent of recipients were tested prior to beginning cholesterol drug therapy.

**Cholesterol Testing of Beneficiaries Starting Cholesterol Drug Therapy Jan-Jun 2006**



*Please see Lipotropics, page 8*

**Lipotropics** (*continued*)

The above results show that providers are providing follow-up care for their patients on cholesterol medications. Medi-Cal wants to make certain that recipients that utilize cholesterol medication are getting the best possible care.

- Providers should follow the current ATP III guidelines and other best practices with respect to initiating therapy and laboratory follow-up.
- Pharmacists can use prescription consultation as an opportunity to remind patients to have their cholesterol tested at the proper times after initiating or changing therapy. The pharmacist can encourage them to make appropriate lifestyle changes to help lower their cholesterol through non-pharmacologic means.
- Providers and pharmacists should consult their patients on the side effects of these medications, and the importance of using these medications correctly. Patients should also be monitored and informed about possible drug-drug interactions if they are taking more than one cholesterol-lowering medication.

**References**

1. American Heart Association. Heart Disease and Stroke Statistics – 2006 Update. Dallas, TX: American Heart Association; 2006. Available at [www.americanheart.org](http://www.americanheart.org).
2. National Committee for Quality Assurance (NCQA). Cholesterol Management After a Heart Attack. State of Health Care Quality Report, 2003.
3. Grundy, S, Cleeman, J, et al. Implications of Recent Clinical Trials for the National Cholesterol Education Program (NCEP) Adult Treatment Panel III Guidelines. *Circulation*. 2004; 110: 227-239.
4. National Cholesterol Education Program. Executive summary of the third report of the National Cholesterol Education Program (NCEP). Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III). Bethesda, MD: National Institutes of Health; 2002.

*Please refer to pages 36-37 and 36-38 in the Medi-Cal Drug Use Review manual.*



**Pharmacy Bulletin 649**

Remove and replace:

- drugs cdl p1a 23 thru 30, 35 thru 38
- drugs cdl p1b 5/6, 11/12, 17/18, 35 thru 42, 49/50
- drugs cdl p1c 5/6, 11 thru 14, 31 thru 36
- drugs cdl p1d 15/16, 19/20
- drugs cdl p2 7 thru 10
- drugs cdl p5 3 thru 8, 11 thru 15
- mc sup lst1 15 thru 28
- mc sup lst4 25/26
- mc sup man cd 1/2, 5/6

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**DRUG USE REVIEW (DUR) MANUAL**

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Insert: 36-37/36-38